$\langle \cdot \cdot \rangle$	<u>Ĉ</u>
Attorney's Do	PATENT
	<u>Co</u>
COMBINED DECLARATION A	AND POWER OF ATTORNEY
(ORIGINAL, DESIGN, NATIONAL STAGE ( CONTINUATIO	•
As a below named inventor, I hereby decla	re that:
TYPE OF DEC	CLARATION
This declaration is of the following type:	
(check one applica	able item below)
🛛 original.	
☐ design.	•
☐ supplemental.	
	plication being filed as a divisional, continuation or next item; check appropriate one of last three items.
□ national stage of PCT.	2
NOTE: If one of the following 3 items apply, then comp CONTINUATION OR C-I-P.	ilete and also attach ADDED PAGES FOR DIVISIONAL,
☐ divisional.	
continuation.	
☐ continuation-in-part (C-I-P).	
INVENTORSHIP II	DENTIFICATION

WARNING: If the inventors are each not the inventors of all the claims, an explanation of the facts, including the ownership of all the claims at the time the last claimed invention was made, should be submitted.

My residence, post office address and citizenship are as stated below, next to my name. I believe that I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter that is claimed, and for which a patent is sought on the invention entitled:

#### TITLE OF INVENTION

USER	INTERFACE		
		 	 ,



### SPECIFICATION IDENTIFICAT

the specification of which:

(complete (a), (b) or (c))

(a)	X	is attached hereto.
(b)		
		- C - Free mail no.; as deliai no. not yet known
	_	and was amended on (if applicable).
NOT		Amendments filed after the original papers are deposited with the PTO that contain new matter are not accorded a filing date by being referred to in the declaration. Accordingly, the amendments involved are those filed with the application papers or, in the case of a supplemental declaration, are those amendments claiming matter not encompassed in the original statement of invention or claims. See 37 CFR 1.67.
(c)		was described and claimed in PCT International Application No.
		amended under PCT Article 19 on (if any).
AC	KN	OWLEDGEMENT OF REVIEW OF PAPERS AND DUTY OF CANDOR
specifi l ac	ical kno	y state that I have reviewed and understand the contents of the above-identified ion, including the claims, as amended by any amendment referred to above. by
	V	(also check the following items, if desired)
	凶	and which is material to the examination of this application, namely, information where there is a substantial likelihood that a reasonable Examiner would consider it important in deciding whether to allow the application to issue as a patent, and
		in compliance with this duty, there is attached an information disclosure statement, in accordance with 37 CFR 1.98.
		PRIORITY CLAIM (35 U.S.C. § 119(a)-(d))
of any application below certification the United States of the United S	for ation and ate ited	r claim foreign priority benefits under Title 35, United States Code, § 119(a)–(d) eign application(s) for patent or inventor's certificate or of any PCT international n(s) designating at least one country other than the United States of America listed thave also identified below any foreign application(s) for patent or inventor's or any PCT international application(s) designating at least one country other than I States of America filed by me on the same subject matter having a filing date at of the application(s) of which priority is claimed.
		(complete (d) or (e))
(d) [		no such applications have been filed.
(e) [	Ž	such applications have been filed as follows.
NOTE:	pr	here item (c) is entered above and the International Application which designated the U.S. itself claimed ionity check item (e), enter the details below and make the priority claim.

# PRIOR FOR GN/PCT APPLICATION(S) FILED VIIN 12 MONTHS (6 MONTHS FOR DESIGN) PRIOR TO THIS APPLICATION AND ANY PRIORITY CLAIMS UNDER 35 U.S.C. § 119(a)-(d)

COUNTRY (OR INDICATE IF PCT)	APPLICATION NUMBER	DATE OF FILING (day, month, year) PRIORITY CLAIN	
Finland	964399	31 October 1996 KXYES NO	
		☐ YES NO [	<b>_</b>
		YES NO	
		☐ YES NO [	<u> </u>
		☐ YES NO (	

## CLAIM FOR BENEFIT OF PRIOR U.S. PROVISIONAL APPLICATION(S) (34 U.S.C. § 119(e))

I hereby claim the benefit under Title 35, United States Code, § 119(e) of any United States provisional application(s) listed below:

PROVISIONAL APPLICATION NUMBER	FILING DATE	
/		
· · · · · · · · · · · · · · · · · · ·		
/	<del></del>	

## CLAIM FOR BENEFIT OF EARLIER US/PCT APPLICATION(S) UNDER 35 U.S.C. 120

The claim for the benefit of any such applications are set forth in the
attached ADDED PAGES TO COMBINED DECLARATION AND POWER OF
ATTORNEY FOR DIVISIONAL, CONTINUATION OR CONTINUATION-IN
PART (C-I-P) APPLICATION.

(Declaration and Power of Attorney [1-1]—page 3 of 6)

425 Post Road

Fairfield, Ct 06430

ALL FOREIG PPLICATION(S), IF ANY, FILED ME THAN 12 MONTHS (6 MONTHS FOR DESIGN) PRIOR TO THIS U.S. APPLICATION			
NOTE:	the basis for this application e divisional, or continuation-in-p	ntering the United States a art, then also complete AD FOR DIVISIONAL, CONTIN	date of this application is a PCT filing forming as (1) the national stage, or (2) a continuation, DED PAGES TO COMBINED DECLARATION NUATION OR C-I-P APPLICATION for benefit § 120.
	P	OWER OF ATTOR	NEY
l here and trar	by appoint the following nsact all business in the	attorney(s) and/or ac Patent and Trademar	gent(s) to prosecute this application k Office connected therewith.
	(list na	ame and registration	number)
Har	rence A. Green ry F. Smith k F Harrington	(24,622) (32,493) (31,686)	
	(check t	he following item, if a	applicable)
	Attached, as part of the of the above-named representative(s).	is declaration and po attorney(s) to accep	wer of attorney, is the authorization t and follow instructions from my
SEND CO	PRRESPONDENCE TO		DIRECT TELEPHONE CALLS TO: (Name and telephone number)
	rence A. Green man & Green		Clarence A. Green 203-259-1800

#### **DECLARATION**

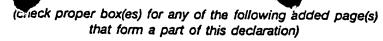
I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code, and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

### SIGNATURE(S

NOTE: Carefully inelcate the family (or last) name, as it should appear on the filing receipt and all other documents.

Full name of sole or first in		
Seppo	(KALERUS) Kalervo	Kivelä
(GIVEN NAME)	(MIDDLE INITIAL OR NAME)	FAMILY (OR LAST NAME)
Inventor's signature	r Kickle	
Date September 26, 199	7 Country of Citizenship _	Finland
Residence Rinteentie	41, FIN-24240 Salo, Fin	
		o, Finland
Fost Office Address		
	<del> </del>	
Full manner of according to		
Full name of second joint in Erkki	iventor, it any	
(GIVEN NAME)	(MIDDLEANITIAL ORALAME)	<u>Savilampi</u>
	(MIDDLE ANTIAL OF NAME)	FAMILY (OR LAST NAME)
Inventor's signature		
Date September 26, 1997	Z Country of Citizenship ⅃	Finland
Residence Nuolialantie	e 35 as 2, FIN-33900 Tar	mpere, Finland
	ialantie 35 as 2, FIN-339	900 Tampere Finland
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(GIVEN NAME)	(DANICL) Daniel	Murphy FAMILY (OR LAST NAME)
· · · · · · · · · · · · · · · · · · ·	(MIDDLE INITIAL ON NAME)	PAMILY (OR LAST NAME)
Inventor's signature		
Date <u>September 26, 1997</u>	Country of Citizenship	British
Residence <u>Kaksosmäki</u>	l D 2, FIN-02400 Kirkkon	nummi, Finland
Post Office Address _Kaksos	smäki 1 D 2, FIN-02400 k	Kirkkonummi, Finland

(Declaration and Power of Attorney [1-1]-page 5 of 6)



凶	Signature for fourth and subsequent joint inventors. Number of pages added
	• • •
	Signature by administrator(trix), executor(trix) or legal representative for deceased or incapacitated inventor. Number of pages added
	• • •
	Signature for inventor who refuses to sign or cannot be reached by person authorized under 37 CFR 1.47. Number of pages added
	• • •
	Added page for signature by one joint inventor on behalf of deceased inventor(s) where legal representative cannot be appointed in time. (37 CFR 1.47)
	• • •
	Added pages to combined declaration and power of attorney for divisional, continuation, or continuation-in-part (C-I-P) application.
	□ Number of pages added
	• • •
	Authorization of attorney(s) to accept and follow instructions from representative.
	• • •
	(if no further pages form a part of this Declaration,
tř	hen end this Declaration with this page and check the following item)
	☐ This declaration ends with this page.

(Declaration and Power of Attorney [1-1]-page 6 of 6)





NOTE: Carefully indicate the family (or last) name, as it should appear on the filing receipt and all other documents. Full name of fourth joint inventor, if any Pekka <u>Heinonen</u> **GIVEN NAME** (MIDDLE INITIAL OR NAME) **FAMILY (OR LAST NAME)** Inventor's signature Date September 26, 1997 Country of Citizenship Finland Hakakuja 2 B 28, FIN-02100 Espoo, Finland Residence Post Office Address Hakakuja 2 B 28, FIN-02100 Espoo, Finland Full name of fifth joint inventor, if any <u>Harri</u> <u>Okkonen</u> **GIVEN NAME** (MIDDLE INITIAL OR MAME) FAMILY (OR LAST NAME) Inventor's signature\_ Date\_September 26, 1997 Country of Citizenship Finland Residence Salonkitie 5 As 3, FIN-02940 Espoo, Finland Post Office Address\_\_\_\_ Salonkitie 5 As 3, FIN-02940 Espoo, Finland Full name of sixth joint inventor, if any Heikki Rautila (MIDDLE INITIAL OR NAME) **GIVEN NAME** FAMILY (OR LAST NAME) Inventor's signature\_ Date September 26, 1997 Country of Citizenship Finland Residence\_ Visamäki 5 A 9, FIN-02130 Espoo, Finland Post Office Address Visamäki 5 A 9, FIN-02130 Espoo, Finland